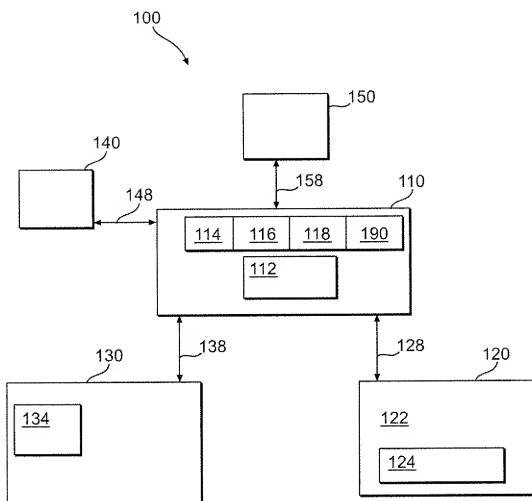
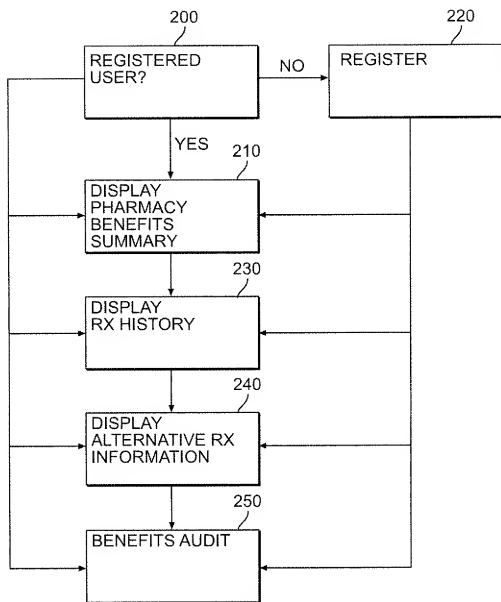


REPLACEMENT DRAWINGS



**FIG. 1**

REPLACEMENT DRAWINGS



**FIG. 2**

PHARMACY - FOCUSED INTERNET DATA SOLUTIONS

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐

REGISTRATION (STEP 1)

ENTER THE FIRST FEW LETTERS OF YOUR COMPANY'S NAME:

SA 222 CONTINUE 224

INSTRUCTIONS:

- PLEASE NOTE: IF YOU ALREADY HAVE A LOGON ID AND PASSWORD AND KNOW WHAT THEY ARE, PLEASE DO NOT REGISTER.
- PUBLIC EMPLOYEES MAY BE LISTED UNDER COUNTY OR CITY FIRST. e.g. COUNTY OF HENRICO, COUNTY SCHOOL BOARD OF HENRICO
- THIS IS THE BEGINNING OF THE REGISTRATION PROCESS. PLEASE ENTER AT LEAST THE FIRST TWO LETTERS OF YOUR EMPLOYER'S NAME INTO THE BOX ABOVE AND CLICK THE "CONTINUE" BUTTON.
- A LIST OF COMPANIES WHOSE NAMES START WITH THOSE CHARACTERS WILL APPEAR. YOU WILL THEN SELECT YOUR EMPLOYER FROM THAT LIST.

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**FIG. 3**

PHARMACY - FOCUSED INTERNET DATA SOLUTIONS

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐

REGISTRATION (STEP 2)

PLEASE FIND BELOW OUR LIST OF EMPLOYERS THAT START WITH 'SA'.  
CLICK ON YOUR COMPANY TO CONTINUE. HOWEVER, IF YOU DON'T FIND YOUR  
COMPANY IN THE LIST, [CLICK HERE](#) TO TRY AGAIN.

COMPANY NAME 226 CITY 228

SAMPLE COMPANY 1	MANASSAS
SAMPLE CONSULTING CONSORTIUM	RICHMOND
SAMPLE EMPLOYER 1	RICHMOND
SAMPLE EMPLOYER 2	RICHMOND
SAMPLE EMPLOYER 3	RICHMOND
SAMPLE EMPLOYER 4	RICHMOND
SAMPLE EMPLOYER 5	RICHMOND

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**FIG. 4**

## REPLACEMENT DRAWINGS

PHARMACY - FOCUSED INTERNET DATA SOLUTIONS

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐

REGISTRATION (STEP 3)

PLEASE ENTER THE FOLLOWING INFORMATION FROM YOUR HEALTHCARE INSURANCE CARD.

SUBSCRIBER (CARDHOLDER) INFORMATION

SUBSCRIBER'S LAST NAME:  232

MEMBER NUMBER:  234

NOTE: USE THE 9 DIGITS AFTER THE DASH.

MEMBER (DEPENDENT) INFORMATION

MEMBER'S FIRST NAME:  236

MEMBER'S LAST NAME:  238

MEMBER'S DATE OF BIRTH:  (04/25/1955, MM/DD/YYYY)

MEMBER'S PERSON CD:  242

NOTE: THIS IS THE '00' '01'...ON THE SAME LINE AS YOUR NAME. DATE OF BIRTH IS FOR THE MEMBER WHOSE PERSON CD YOU SELECTED.

MEMBER'S EMAIL ADDRESS:  246

YOUR EMAIL ADDRESS WILL ENABLE RxEOB TO PROVIDE YOU WITH TIMELY CUSTOMIZED INFORMATION ABOUT YOUR PHARMACY BENEFIT PLAN.

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**FIG. 5**

HOME DRUG LOOKUP Rx HISTORY HELP DEPENDENTS

**PLAN MEMBER**

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐

WHO ELSE IN MY FAMILY CAN VIEW MY DATA?

CURRENT AUTHORIZATION STATUS

DEPENDENT CODE	DATE OF BIRTH	AUTHORIZATION
1	01/01/1948	AUTHORIZED
2	01/01/1979	NOT AUTHORIZED
3	01/01/1992	NOT AUTHORIZED

252

CHANGE AUTHORIZATION FOR FAMILY MEMBER

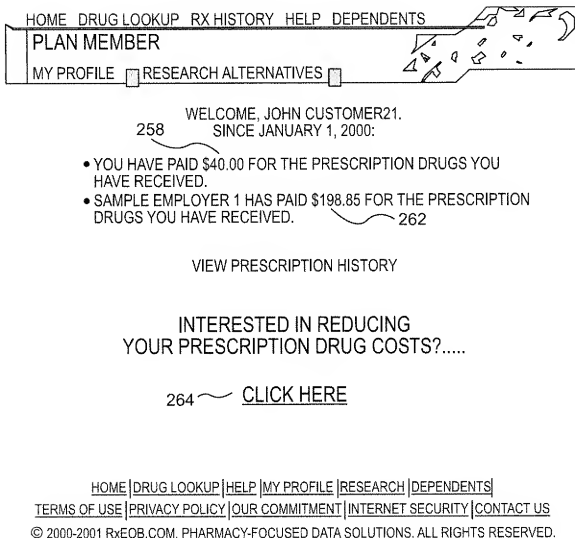
DEPENDENT CODE	AUTHORIZATION DESCRIPTION
254 <input type="button" value="v"/>	<input type="text" value="256"/> <input type="button" value="v"/>
<input type="button" value="CHANGE AUTHORIZATION"/>	

HOME | DRUG LOOKUP | HELP | MY PROFILE | RESEARCH | DEPENDENTS

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**FIG. 6**



**FIG. 7**

# REPLACEMENT DRAWINGS

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[DRUG LOOKUP](#)
[RX HISTORY](#)
[HELP](#)
[DEPENDENTS](#)

**PLAN MEMBER**

[MY PROFILE](#)
☐
[RESEARCH ALTERNATIVES](#)
☐

YOUR PHARMACY BENEFITS (YEAR TO DATE):

	EMPLOYER CONTRIBUTION	BENEFICIARY CONTRIBUTION	TOTAL BENEFIT EXPENSE
KID3 SAMPLE	\$90.57	\$70.00	\$160.57

262 258

PRESCRIPTION HISTORY

264	266	272	274	276	278
SELECT	DRUG NAME	DATE FILLED	YOUR COST	EMPLOYER COST	
<a href="#">VIEW DETAIL</a>	CLEOCIN T 1% SOLUTION	5/23/2000	\$25.00	\$6.20	
<a href="#">VIEW DETAIL</a>	SULFAMETHOXAZOLE/TMP DS TAB	5/23/2000	\$5.00	\$4.26	
<a href="#">VIEW DETAIL</a>	SULFAMETHOXAZOLE/TMP DS TAB	4/11/2000	\$5.00	\$4.26	
<a href="#">VIEW DETAIL</a>	SULFAMETHOXAZOLE/TMP DS TAB	3/14/2000	\$5.00	\$4.26	
<a href="#">VIEW DETAIL</a>	TAZORAC 0.1% GEL	2/27/2000	\$10.00	\$47.31	
<a href="#">VIEW DETAIL</a>	CLINDAMYCIN PH 1% SOLUTION	2/09/2000	\$5.00	\$9.95	
<a href="#">VIEW DETAIL</a>	SUMYCIN 500 MG CAPSULE	2/09/2000	\$5.00	\$2.19	
<a href="#">VIEW DETAIL</a>	CLINDAMYCIN PH 1% SOLUTION	1/12/2000	\$5.00	\$9.95	
<a href="#">VIEW DETAIL</a>	SUMYCIN 500 MG CAPSULE	1/12/2000	\$5.00	\$2.19	
<a href="#">VIEW DETAIL</a>	ACIPHEX 20 MG TAB EC	1/03/2000	\$25.00	\$8.98	

[CLICK](#) TO VIEW LAST YEARS PRESCRIPTION COSTS TO HELP WITH YOUR TAXES

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**FIG. 8**



HOME DRUG LOOKUP RX HISTORY HELP DEPENDENTS

PLAN MEMBER

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐

RESEARCH ALTERNATIVES

TO RESEARCH THE AVAILABILITY AND COST OF THE THERAPEUTIC ALTERNATIVES TO THE DRUGS YOU ARE CURRENTLY TAKING, PLEASE SELECT THE DRUG YOU WISH TO RESEARCH FROM THE DROP DOWN LIST LOCATED BELOW.

DRUG CHOICES:  282

ENTER QUANTITY:  (SEE INSTRUCTIONS BELOW) 284

286

IF YOU WISH TO RESEARCH DRUGS OTHER THAN THOSE YOU ARE CURRENTLY TAKING, [CLICK HERE](#) TO GO TO OUR DRUG LOOKUP FUNCTION.

INSTRUCTIONS FOR ENTERING QUANTITY INFORMATION:

- WITH TABLETS, CAPSULES, OR SUPPOSITORIES, ENTER THE NUMBER INDICATED ON YOUR PRESCRIPTION LABEL.
- WITH LIQUIDS, ENTER THE NUMBER OF CC'S OR ML'S INDICATED ON YOUR PRESCRIPTION LABEL.
- WITH TOPICALS OR INHALERS, ENTER THE NUMBER OF GRAMS INDICATED ON YOUR PRESCRIPTION LABEL.

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**FIG. 9**

HOME DRUG LOOKUP MY HISTORY HELP DEPENDENTS

**PLAN MEMBER**

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐

THERAPEUTIC ALTERNATIVES

DRUG NAME: ACIPHEX 20 MG TABLET EC  
 DRUG CLASS: PROTON PUMP INHIBITORS

DRUG QUANTITY: 30

292 294 296

288

DRUG NAME	ESTIMATED RETAIL PRICE PRESCRIPTION COST	RETAIL COPAY (31 DAYS)	MAIL ORDER COPAY (31 DAYS)
• PROTONIX 40 MG TABLET EC	\$75.00	\$25	\$50
PREVACID 15 MG CAPSULE DR	\$98.04	\$25	\$50
• PREVACID 30 MG CAPSULE DR	\$99.91	\$25	\$50
PRILOSEC 10 MG CAPSULE DR	\$111.25	\$10	\$20
**ACIPHEX 20 MG TABLET EC**	\$113.98	\$25	\$50
• PRILOSEC 20 MG CAPSULE DR	\$124.18	\$10	\$20
PRILOSEC 40 MG CAPSULE DR	\$178.20	\$10	\$20

PLEASE NOTE: WHEN COST OF A PRESCRIPTION DRUG IS LESS THAN THE PROJECTED COPAY, MOST BENEFIT PLANS REQUIRE YOU PAY ONLY THE COST OF THE DRUG. THE TERMS OF YOUR PRESCRIPTION BENEFIT ARE SUBJECT TO CHANGE. CONTACT YOUR PLAN SPONSOR FOR MORE INFORMATION.

THIS INFORMATION IS DESIGNED TO FACILLITATE COMMUNICATION BETWEEN YOU AND YOUR DOCTOR. WHILE DRUGS IN THIS LIST CAN BE ALTERNATIVES FOR ONE ANOTHER, YOUR SPECIFIC DOSAGE REQUIREMENTS MUST BE DETERMINED BY YOUR DOCTOR. RxEOB.COM IS NOT RECOMMENDING THAT YOU CHANGE YOUR DRUG THERAPY.

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**FIG. 10A**

# REPLACEMENT DRAWINGS

HOME DRUG LOOKUP Rx HISTORY HELP DEPENDENTS

PLAN MEMBER

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐

THERAPEUTIC ALTERNATIVES

DRUG NAME: ZESTRIL 40 MG TABLET

DRUG CLASS: ACE INHIBITORS, PLAIN

DRUG QUANTITY: 30

292

294

296

288

DRUG NAME	ESTIMATED RETAIL PRICE PRESCRIPTION COST	RETAIL COPY FOR UP TO 31 DAYS SUPPLY	MAIL ORDER COPY FOR UP TO 91 DAYS SUPPLY
LOTENSIN 5MG TABLET	\$27.00	\$25	\$50
ZESTRIL 5MG TABLET	\$28.01	\$25	\$50
ZESTRIL 10MG TABLET	\$28.94	\$25	\$50
ACEON 2 MG TABLET	\$30.42	\$25	\$50
ACEON 4 MG TABLET	\$30.42	\$25	\$50
ALTACE 2.5 MG CAPSULE	\$30.59	\$10	\$20
CAPOTEIN 25MG TABLET	\$30.68	\$25	\$50
PRINIVIL 20MG TABLET	\$30.97	\$10	\$20
ZESTRIL 20MG TABLET	\$30.97	\$25	\$50
ACCUPRIL 10MG TABLET	\$31.47	\$10	\$20
ACCUPRIL 20MG TABLET	\$31.47	\$10	\$20
ACCUPRIL 40MG TABLET	\$31.47	\$10	\$20
ACCUPRIL 5MG TABLET	\$31.47	\$10	\$20
ENALAPRIL MALLATE 20MG TAB	\$32.26	\$5	\$10
ALTACE 5MG CAPSULE	\$33.40	\$10	\$20
VASOTEC 5MG TABLET	\$35.45	\$25	\$50
VASOTEC 10MG TABLET	\$37.15	\$25	\$50
PRINIVIL 40MG TABLET	\$37.74	\$10	\$20
ALTACE 10MG CAPSULE	\$39.43	\$10	\$20
VASOTEC 20MG TABLET	\$41.81	\$25	\$50
ACEON 8MG TABLET	\$43.68	\$25	\$50
ZESTRIL 30MG TABLET	\$43.84	\$25	\$50
LAPOTEN 50MG TABLET	\$44.31	\$25	\$50
**ZESTRIL 40MG TABLET**	\$45.29	\$25	\$50
CAPOTEN 100MG TABLET	\$59.01	\$25	\$50

PLEASE NOTE: WHEN THE COST OF A PRESCRIPTION DRUG IS LESS THAN THE PROJECTED COPY, MOST BENEFIT PLANS REQUIRE YOU PAY ONLY THE COST OF THE DRUG. THE TERMS OF YOUR PRESCRIPTION BENEFIT ARE SUBJECT TO CHANGE. CONTACT YOUR PLAN SPONSOR FOR MORE INFORMATION.

THIS INFORMATION IS DESIGNED TO FACILITATE COMMUNICATION BETWEEN YOU AND YOUR DOCTOR. WHILE DRUGS IN THIS LIST CAN BE ALTERNATIVES FOR ONE ANOTHER, YOUR SPECIFIC DOSAGE REQUIREMENTS MUST BE DETERMINED BY YOUR DOCTOR. RxEOB.COM IS NOT RECOMMENDING THAT YOU CHANGE YOUR DRUG THERAPY.

**FIG. 10B**

HOME DRUG LOOKUP Rx HISTORY HELP DEPENDENTS

## PLAN MEMBER

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐

## PRESCRIPTION DATA VERIFICATION

IN ORDER TO PERSONALIZE THE INFORMATION WE WILL PRESENT TO YOU, PLEASE VERIFY THAT YOU HAVE RECEIVED THE FOLLOWING PRESCRIPTIONS, AND THAT THE INFORMATION ABOUT EACH PRESCRIPTION IS ACCURATE.

YOU CAN USE THE "DROP-DOWN" WINDOWS TO SELECT ONE OF THE THREE ANSWERS FOR EACH QUESTION: **YES (Y)**, **NO (N)**, OR **DO NOT KNOW (?)**

**HELPFUL HINT.** AFTER YOUR FIRST ANSWER, USE THE TAB BUTTON ON YOUR KEYBOARD TO JUMP TO THE NEXT QUESTION AND THEN KEY Y, N, OR ?

#	1. CORRECT DRUG NAME?	2. RECEIVED DRUG?	3. CORRECT QUANTITY?	4. CORRECT PAYMENT?
1	<input type="text"/> CLEOCIN T 1% SOLUTION	<input type="text"/> 05/23/2000	<input type="text"/> 60	<input type="text"/> \$25.00
2	<input type="text"/> SULFAMETHOXAZOLE/ TMP DS TAB	<input type="text"/> 05/23/2000	<input type="text"/> 62	<input type="text"/> \$5.00
3	<input type="text"/> SULFAMETHOXAZOLE/ TMP DS TAB	<input type="text"/> 04/11/2000	<input type="text"/> 62	<input type="text"/> \$5.00
4	<input type="text"/> SULFAMETHOXAZOLE/ TMP DS TAB	<input type="text"/> 03/14/2000	<input type="text"/> 62	<input type="text"/> \$5.00
5	<input type="text"/> TAZORAC 0.1% GEL	<input type="text"/> 02/27/2000	<input type="text"/> 30	<input type="text"/> \$10.00

PLEASE SELECT ANSWERS FOR ALL THE QUESTIONS BEFORE SAVING, THANK YOU.



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**FIG. 11**

# REPLACEMENT DRAWINGS

HOME DRUG LOOKUP Rx HISTORY HELP

PLAN SPONSOR

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐ PLAN SPONSOR

PLAN SPONSOR REPORTS

REPORT DATE RANGE:

START DATE:  END DATE:  (1999-01-24)(YYYY-MM-DD)

DRUG UTILIZATION STATISTICS:

☒ AGGREGATED BY DRUG CLASS (WITH "DRILL-DOWN" CAPABILITY TO LIST DRUGS WITHIN EACH CLASS)

PRESCRIPTION CLAIMS AND AUDIT REPORTS:

PLEASE SELECT ONE OR MORE OF THE REPORTS LISTED BELOW. MULTIPLE REPORTS CAN BE ACCESSSED AT THE SAME TIME.

☐ TOTAL CLAIMS AND RELATED COSTS

☐ VERIFIED CLAIMS AND RELATED COSTS

☐ COMPARISON OF TOTAL TO VERIFIED CLAIMS

☐ CLAIMS FAILING VERIFICATION AND RELATED COSTS

☐ REASONS FOR CLAIMS FAILING VERIFICATION

☐ CLAIM VERIFICATION RESPONSE DISTRIBUTION

☐ CLAIMS DISTRIBUTION BY MONTH

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FIG. 12

# REPLACEMENT DRAWINGS

HOME DRUG LOOKUP Rx HISTORY HELP

**PLAN SPONSOR**

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐ PLAN SPONSOR

PLAN SPONSOR VIEW REPORTS

EMPLOYER: SAMPLE EMPLOYER 1

DRUG UTILIZATION GROUPED BY DRUG CLASS FOR 12/31/1999 THROUGH 12/31/2001

316 DRUG CLASS	318 PLAN PAYMENT	320 PLAN % OF TOTAL	322 PATIENT TOTAL	324 PATIENT % OF TOTAL
SELECTIVE SEROTONIN REUPTAKE INHIBITORS	\$23,554.92	9.60%	\$3,785.00	4.66%
HMG COA REDUCTASE INHIBITORS	\$15,870.43	6.47%	\$2,760.00	3.40%
OTHER ANTIHISTAMINES NONSEDATING	\$15,599.86	6.36%	\$3,300.00	4.06%
PROTON PUMP INHIBITORS	\$11,183.93	4.56%	\$1,625.00	2.00%
SERATONIN (SHT3) ANTAGONISTS	\$9,420.76	3.84%	\$285.00	.35%
OTHER ANTIDEPRESSANTS	\$9,039.88	3.68%	\$1,419.44	1.74%
OTHER ANTIEPILEPTICS	\$6,981.92	2.84%	\$500.00	.61%
CORTICOSTEROIDS	\$6,562.64	2.67%	\$3,144.14	3.87%
OTHER ANTIHISTAMINES, NONSEDATING COMBINATIONS	\$6,468.44	2.63%	\$1,920.00	2.36%
PROGESTOGENS AND ESTROGENS, SEQUENTIAL PREPARATION	\$5,145.66	2.09%	\$3,614.46	4.45%
FLOUROQUINOLONES	\$5,031.32	2.05%	\$944.99	1.16%
INTERFERONS	\$5,008.44	2.04%	\$60.00	.07%
SYMPATHOMIMETIC COMBINATIONS	\$4,386.51	1.78%	\$1,460.00	1.79%
COMBINATIONS OF PENECILLINS, INCL. BETA-LACTAMASE	\$4,383.64	1.78%	\$834.04	1.00%
AMINOSALICYLIC ACID AND SIMILAR AGENTS	\$4,151.50	1.69%	\$450.00	.55%
MACROLIDES	\$4,103.55	1.67%	\$1,285.60	1.58%
SELECTIVE SHT1-RECEPTOR AGONISTS	\$3,977.58	1.62%	\$510.00	.67%

**FIG. 13**

HOME DRUG LOOKUP RX HISTORY HELP

## PLAN SPONSOR

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐ PLAN SPONSORDRUG USAGE REPORT - INDIVIDUAL DRUG WITHIN  
DRUG CLASSIF YOU WOULD LIKE TO SEE HOW YOUR FORMULARY TREATS THIS DRUG CLASS, ENTER THE  
APPROPRIATE QUANTITY AND CLICK THE BUTTON.ENTER QUANTITY:  (NUMBERS ONLY)338  
[REDACTED] 330  
328  
DRUG CLASS: SELECTIVE SEROTONIN REUPTAKE INHIBITORS 332

326	BRAND NAME	PLAN EXPENSE	PLAN PERCENT OF TOTAL	RECIPIENT EXPENSE	RECIPIENT % OF TOTAL
	PROZAC	\$11,627.49	4.74%	\$1,470.00	1.81%
	PAXIL	\$6,306.15	2.57%	\$1,045.00	1.28%
	ZOLOFT	\$3,826.37	1.56%	\$790.00	.97%
	CELEXA	\$1,372.53	.55%	\$380.00	.46%
	LUVOX	\$422.38	.17%	\$100.00	.12%
	TOTAL ALL CLAIMS	\$245,129.99		\$81,173.02	

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**FIG. 14**

# REPLACEMENT DRAWINGS

HOME DRUG LOOKUP Rx HISTORY HELP

## PLAN SPONSOR

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐ PLAN SPONSOR

THERAPEUTIC ALTERNATIVES

DRUG CLASS: SELECTIVE SEROTONIN REUPTAKE INHIBITORS

DRUG QUANTITY: 1

PLEASE PRINT THIS PAGE AND SHARE THE INFORMATION WITH YOUR DOCTOR.  
PLEASE BE AWARE THAT SOME OF THESE THERAPEUTIC ALTERNATIVES  
**MAY NOT BE APPROPRIATE FOR YOU.**

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338

340

DRUG NAME	AVERAGE RETAIL PRICE PRESCRIPTION COST	RECIPIENT COST
CELEXA 10MG/5ML SOLUTION	\$0.41	\$10
ZOLOFT 20MG/ML ORAL CONC	\$0.77	\$10
PROZAC 20MG/5ML SOLUTION	\$1.05	\$10
ZOLOFT 35MG TABLET	\$1.87	\$10
ZOLOFT 50MG TABLET	\$1.93	\$10
ZOLOFT 100MG TABLET	\$1.98	\$10
CELEXA 20MG TABLET	\$2.16	\$10
FLUVOXAMINE MALEATE 25MG TB	\$2.18	\$5
CELEXA 40MG TABLET	\$2.25	\$10
PAXIL 10MG TABLET	\$2.42	\$10
FLUVOXAMINE MALEATE 50MG TB	\$2.44	\$5
FLUVOXAMINE MAL 100MG TAB	\$2.50	\$5
PROZAC 10MG TABLET	\$2.77	\$10
SARAFEM 10MG PULVULE	\$2.77	\$10
PROZAC 10MG PULVUL	\$2.81	\$10
SARAFEM 20MG PULVULE	\$2.85	\$10
PROZAC 20MG PULVUL	\$2.88	\$10
LUVOX 25MG TABLET	\$2.94	\$25
LUVOX 50MG TABLET	\$3.29	\$25
LUVOX 100MG TABLET	\$3.37	\$25

THIS INFORMATION IS DESIGNED TO FACILITATE COMMUNICATION BETWEEN  
YOU AND YOUR DOCTOR. RxEOB.COM IS NOT RECOMMENDING THAT  
YOU CHANGE.

**FIG. 15**



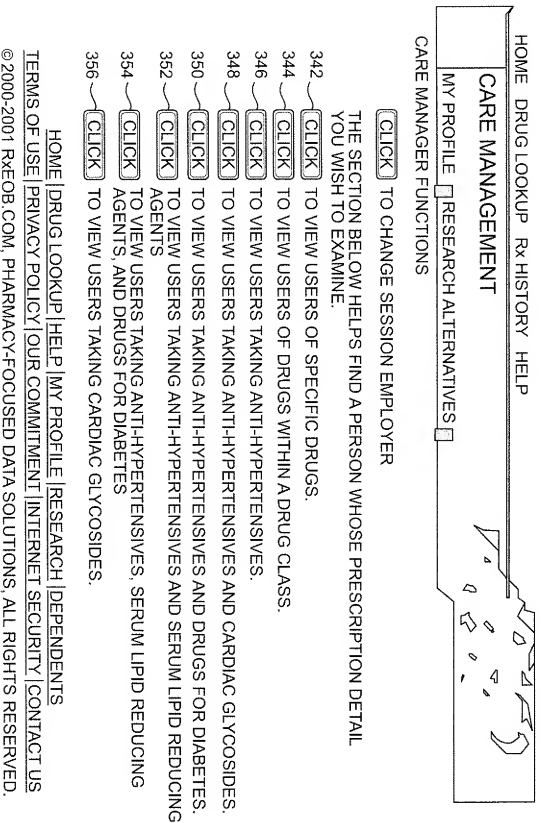
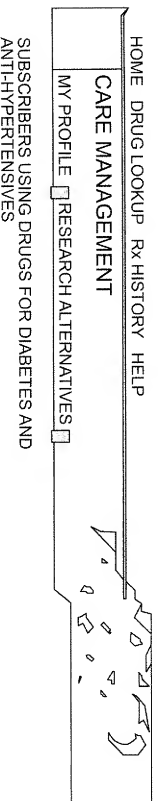


FIG. 16



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SUBSCRIBER ID	DEPENDENT NUMBER
XXXX403399	0
YYY461578	0
WWW748540	0
WWW463458	0
XXX609077	1

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**FIG. 17**

# REPLACEMENT DRAWINGS

HOME DRUG LOOKUP RX HISTORY HELP

## CARE MANAGEMENT

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐

YOUR PHARMACY BENEFITS (YEAR-TO-DATE):

	EMPLOYER CONTRIBUTION	BENEFICIARY CONTRIBUTION	TOTAL BENEFIT EXPENSE
PAT SAMPLE	\$6,087.12	\$695.00	\$6,782.12

PRESCRIPTION HISTORY FOR PAT SAMPLE (DEPENDENT 0)					
368	DRUG NAME	360	DATE FILLED	362 364 COPAY	366 EMPLOYER COST
VIEW DETAIL	NEO/POLYMYXIN/HC EAR SUSP		8/09/2000	\$5.00	\$12.39
VIEW DETAIL	BENZONATATE 100MG CAPSULE		8/04/2000	\$5.00	\$31.05
VIEW DETAIL	CLARITIN 10MG TABLET		7/29/2000	\$20.00	\$150.49
VIEW DETAIL	SINGULAIR 10 MG TABLET		6/26/2000	\$20.00	\$168.08
VIEW DETAIL	HUMALOG 100U/ML VIAL		6/26/2000	\$20.00	\$383.44
VIEW DETAIL	ACCU-CHEK CMFRT CURVE STRIP		6/26/2000	\$20.00	\$463.98
VIEW DETAIL	ISOSORBIDE MN 60MG TAB SA		6/09/2000	\$10.00	\$91.07
VIEW DETAIL	FLOVENT 220MCG INHALER		6/09/2000	\$20.00	\$446.70
VIEW DETAIL	ZAROXOLYN 5MG TABLET		6/09/2000	\$20.00	\$8.74
VIEW DETAIL	CARDURA 2MG TABLET		6/09/2000	\$20.00	\$56.88
VIEW DETAIL	ZOCOR 20MG TABLET		6/09/2000	\$20.00	\$271.89
VIEW DETAIL	FUROSEMIDE 80MG TABLET		6/09/2000	\$10.00	\$4.53
VIEW DETAIL	SINGULAIR 10 MG TABLET		4/28/2000	\$20.00	\$160.63
VIEW DETAIL	HUMALOG 100U/ML VIAL		4/22/2000	\$20.00	\$357.13
VIEW DETAIL	ACCU-CHEK CMFRT CURVE STRIP		4/22/2000	\$20.00	\$463.98
VIEW DETAIL	CLARITIN 10MG TABLET		4/17/2000	\$20.00	\$148.82
VIEW DETAIL	VANCENASE AQ 84MCG SPRAY		4/09/2000	\$50.00	\$87.55
VIEW DETAIL	VANCENASE AQ 84MCG SPRAY		3/27/2000	\$25.00	\$23.91
VIEW DETAIL	VANCENASE AQ 84MCG SPRAY		3/27/2000	\$25.00	\$23.91
VIEW DETAIL	ISOSORBIDE MN 60MG TAB SA		3/26/2000	\$10.00	\$77.58
VIEW DETAIL	ZAROXOLYN 5MG TABLET		3/24/2000	\$20.00	\$8.74
VIEW DETAIL	ISOSORBIDE MN 60MG TAB SA		3/24/2000	\$10.00	\$84.19
VIEW DETAIL	FUROSEMIDE 80MG TABLET		3/24/2000	\$10.00	\$4.53
VIEW DETAIL	FLOVENT 220MCG INHALER		3/24/2000	\$20.00	\$446.70
VIEW DETAIL	ZOCOR 20MG TABLET		3/24/2000	\$20.00	\$271.89
VIEW DETAIL	MYTUSSIN AC SYRUP		3/02/2000	\$5.00	\$1.12
VIEW DETAIL	GUAIFENESIN W/CODEINE SYRUP		3/02/2000	\$5.00	\$1.12
VIEW DETAIL	SOD.SULFACET/SULFER LOTION		2/18/2000	\$10.00	\$34.54
VIEW DETAIL	SINGULAIR 10 MG TABLET		2/18/2000	\$20.00	\$154.95
VIEW DETAIL	BENZONATATE 100MG CAPSULE		2/16/2000	\$5.00	\$31.30
VIEW DETAIL	CLARITIN 10MG TABLET		2/14/2000	\$20.00	\$145.54
VIEW DETAIL	HUMALOG 100U/ML VIAL		2/04/2000	\$20.00	\$357.13
VIEW DETAIL	ACCU-CHEK CMFRT CURVE STRIP		2/04/2000	\$20.00	\$463.98
VIEW DETAIL	CARDURA 2MG TABLET		2/04/2000	\$20.00	\$56.88
VIEW DETAIL	SOD.SULFACET/SULFER LOTION		1/13/2000	\$10.00	\$32.01
VIEW DETAIL	SOD.SULFACET/SULFER LOTION		1/13/2000	\$10.00	\$32.01

**FIG. 18**

HOME DRUG LOOKUP Rx HISTORY HELP

## CARE MANAGEMENT

MY PROFILE ☐ RESEARCH ALTERNATIVES ☐

## PRESCRIPTION DETAIL

## PRESCRIPTION INFORMATION

DRUG NAME	DATE FILLED	Rx NUMBER	QUANTITY	MAX
CLARTIN 10MG TABLET	07/29/2000	002087394	90	90

## COST INFORMATION

COPAYMENT	PLAN PAYMENT	TOTAL R COST
\$20	\$150.49	\$170.49

## PRESCRIBER INFORMATION

PHYSICIAN	PRESCRIBER ADDRESS	PRESCRIBER PHONE
CLEARY, M.D., JOHN B	3650 JOSEPH SIEWICK DR STE 307 FAIRFAX, VA	N/A

## PHARMACY INFORMATION

PHARMACY NAME	PHARMACY ADDRESS	PHARMACY PHONE
WALGREEN DRUG STORE	7357 GREENBRIAR PKY ORLANDO, FL	4073516151

HOME | DRUG LOOKUP | HELP | MY PROFILE | RESEARCH | DEPENDENTS

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**MODEL EMPLOYER FORMULARY**  
**DRUG UTILIZATION GROUPED BY DRUG CLASS FOR 01/01/2000 THROUGH 12/31/2001**

370 DRUG CLASS	372 PLAN PAYMENT	374 PLAN PERCENT OF TOTAL	376 RECIPIENT TOTAL	378 RECIPIENT % OF TOTAL
SELECTIVE SEROTONIN REUPTAKE INHIBITORS	\$23,554.92	9.60%	\$3,785.00	4.66%
HMG COA REDUCTASE INHIBITORS	\$15,870.43	6.47%	\$2,760.00	3.40%
OTHER ANTIHISTAMINES, NONSEDATING	\$15,599.86	6.36%	\$3,300.00	4.06%
PROTON PUMP INHIBITORS	\$11,183.93	4.56%	\$1,625.00	2.00%
SEROTONIN (5HT3) ANTAGONISTS	\$9,420.76	3.84%	\$285.00	.35%
OTHER ANTIDEPRESSANTS	\$9,039.88	3.68%	\$1,419.44	1.74%
OTHER ANTIEPILEPTICS	\$6,981.92	2.84%	\$500.00	.61%
CORTICOSTEROIDS OTHER ANTIHISTAMINES, NONSEDATING COMBINATIONS	\$6,562.64	2.67%	\$3,144.34	3.87%
PROGESTOGENS AND ESTROGENS, SEQUENTIAL PREPARATION	\$6,468.44	2.63%	\$1,920.00	2.36%
	\$35,145.86	2.09%	\$3,614.46	4.45%

**FIG. 20**

# REPLACEMENT DRAWINGS

MODEL EMPLOYER FORMULARY

EMPLOYER NAME: SAMPLE EMPLOYER 3

DRUG CLASS: CORTICOSTEROIDS

380

ORIGINAL DATA

MODEL DATA

382

DRUG NAME	PLAN COST	PATIENT COST	TOTAL
BECONASE 42MCG INHALER	\$23	\$15	\$38
BECONASE AQ 0.042% SPRAY	\$49	\$30	\$79
NASOCORT NASAL INHALER	\$17	\$60	\$77
NASONEX 50MCG NASAL SPRAY	\$31	\$60	\$91
RHINOCORT NASAL INHALER	\$103	\$120	\$223
FLONASE 0.05% NASAL SPRAY	\$192	\$90	\$282
TOTALS	\$417	\$375	\$792

DRUG NAME	PLAN COST	PATIENT COST	TOTAL
BECONASE 42MCG INHALER	\$23	\$15	\$38
BECONASE AQ 0.042% SPRAY	\$47	\$31	\$79
NASOCORT NASAL INHALER	\$46	\$31	\$77
NASONEX 50MCG NASAL SPRAY	\$54	\$36	\$91
RHINOCORT NASAL INHALER	\$133	\$89	\$223
FLONASE 0.05% NASAL SPRAY	\$169	\$112	\$282
TOTALS	\$475	\$317	\$792

CURRENT BEHAVIOR MODIFICATION HYPOTHESIS'S

THERE ARE NO CURRENT HYPOTHESIS

ADD BEHAVIOR MODIFICATION HYPOTHESIS

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ORIGINAL DRUG	PERCENT CHANGE	NEW DRUG
BECONASE 42MCG INHALER	0	BECONASE 42MCG INHALER

MODEL COPAT INFORMATION

386

PLAN THEORY	COPAY LEVEL	COPAY LEVEL	COPAY LEVEL	%
INITIA MIXED	0	0	0	40

CHANGE COPAY MODEL

388

PLAN TYPE	COPAY 1 AMOUNT	COPAY 2 AMOUNT	COPAY 3 AMOUNT	COPAY PERCENT
SET COPAY	0	0	0	0

**FIG. 21**

ANTI-HYPERTENSIVES

4.5.4 ACE INHIBITORS

TIER 1

CAPTOPRIL

TIER 2

ACCUPRIL  
ALTACE  
CAPOTEN  
LOTENSIN  
MAVIK  
MONOPRIL  
PRINIVIL  
UNIASC

TIER 3

VASOTEC

4.5.5 ADRENERGIC ANTAGONISTS & RELATED DRUGS

TIER 1

CLONIDINE  
GUANFACINE  
METHYLDOPA  
PRAZOSIN  
RESERPINE

TIER 2

ALDOMET  
CARDURA  
CATAPRES  
HYTRIN  
ISMELIN  
MINIPRESS  
TENEX

TIER 3


CATAPRES TTS

122



**FIG. 22**

REPLACEMENT DRAWINGS



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FORMULARY DRUG TIER	COPAYMENT
1	\$5.00
2	\$10.00
3	\$25.00

**FIG. 23**